

LANSING CHRISTIAN SCHOOL
PRODUCT CATALOG SALES REPORT

Date(s) of Sale: _____
 Name of Activity: _____
 Class/Account deposited to: _____

Gross Sales (Money taken in): \$ _____
 Less 6% Sales Tax \$ _____
 Net Sales (add sales, subtract taxes): \$ _____

Invoices for Product:		<u>Invoice #</u>
Invoice Date/Amount	\$ _____	_____
Invoice Date/Amount	\$ _____	_____
Invoice Date/Amount	\$ _____	_____
Total Cost of Product (add all invoices)	\$ _____	_____

Net Profit \$ _____
 (Net sales subtracted total cost of product)
 Total Deposited \$ _____
 (Total of all weekly deposits to Linda Hornberger, LCS Main Office)
 Variance \$ _____
 (Difference between Net Profit and Total Deposited)

Explanation of Variances _____

Prepared By (Print) _____
 Signature _____
 Date _____

Parent/Staff Responsible for Fundraiser _____

This report is to be returned to the Main Office (to Linda Hornberger)
 with a copy of the signed Request for Fundraiser Activity or Event Form.